Pursuant to the statute, this form gathers information about the contractors seeking to qualify for the work and provides a general format for the prequalification criteria. Completing this questionnaire does not guarantee prequalification. Evaluation of the submittal shall be performed by the prequalification committee in accordance with GS 143-128.1, 143-135.8 and the State of NC Prequalification Policy (attached).

Contractors are not to use the blank template from the SCO website but to use the project specific form from the **Prequalification Committee.**

PREQU	JALIFIC	ATION	DUE	DATE	S:
-					

'REQUALIFICA	ATION DUE DATES:		
	 Bid Packages 03A and 05A: 		_
	All Other Bid Packages:		_
Submitted to:			
	Contact Name receiving prequalifying packages		
	Agency/Institution		
	Address		
	Address		
	City/State Zip Code + 4		
	Phone number		Fax Number
	E-mail address		
Project:	Name of Project		
	Project Owner		
	Project Location/Address		
	Project Architect		
	Project Phase	Project Start Date (Approx.)	
	Project/Phase Duration	Phase Budget	
	Total Project Budget	_	
	ANTICIPATED BID DATES:		
	Bid Packages 03A and 05A:		
	All Other Bid Packages:		

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If your firm is interested in prequalifying for this project/phase, please check the box for your trade(s). This is a preliminary list of Bid Packages and may change based on response and qualified bidders.

Bid Pkg	Scope of Work	Preliminary Budget	Check Box if Prequalifying
		\$	
		\$\$	_
		\$ \$	_
		\$ \$	_
		\$\$	_
		\$\$	_
		\$\$	_
		\$	_
		\$	_
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If your firm is interested in prequalifying for this project/phase, please check the box for your trade(s). This is a preliminary list of Bid Packages and may change based on response and qualified bidders.

		Preliminary	Check Box if
Bid Pkg	Scope of Work	Budget	Prequalifying
		\$	
		\$	
		_ \$	
		\$	
		_	
		\$	
		\$	
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PROJECT DESCRIPTION: (An in-depth narrative of the details of the project, site, trades, LEED, etc.)

SECTION 1. MINIMUM REQUIREMENTS

[Matrix: There are no points assigned for responses in Section 1 or Section 4 signature page.]

Company Name		
Physical Address		
Mailing Address		
City/State Zip Code + 4	<i>(</i>	
Phone number	() Fax number	
Primary Contact Name	Secondary Contact Name	
Primary Contact Email Address	Secondary Contact Email Address	
[Matrix: If not completely filled out, pro	osal is non-responsive and will not be considered fo	or pre-qualification.1
	•	
Organization		
_	ation Partnership Limited Liability Company S	Sole Proprietor Joint
1. b. Business type (check box) Corpo Indicate your NC Statewide Uniform Co See website link for more information:	rtification: (check box): MBE HBE AABE AIBE	Venture E WBE SDB DBE
Indicate your NC Statewide Uniform Co See website link for more information:Oth	rtification: (check box): MBE HBE AABE AIBE http://www.doa.nc.gov/hub/swuc.htm er (specify) Certifying	Venture
1. b. Business type (check box) Corpo Indicate your NC Statewide Uniform Co See website link for more information: Oth	rtification: (check box): MBE HBE AABE AIBE http://www.doa.nc.gov/hub/swuc.htm er (specify) Certifying	Venture E WBE SDB DBE
1. b. Business type (check box) Corpo Indicate your NC Statewide Uniform Co See website link for more information:	rtification: (check box): MBE HBE AABE AIBE http://www.doa.nc.gov/hub/swuc.htm er (specify) Certifying rth Carolina to do business? Yes No ht or any other organization? Yes No	Venture E WBE SDB DBE
Indicate your NC Statewide Uniform Consequence website link for more information: Oth Is your firm registered with the State of N Is your firm owned or controlled by a pare Describe Ownership if Yes: Additionally, if you answered Yes that you agree to sign a Parent Company Guarantee Prequalification Application for review and Company shall co-sign the contract as a consequence.	rtification: (check box): MBE HBE AABE AIBE http://www.doa.nc.gov/hub/swuc.htm er (specify) Certifying rth Carolina to do business? Yes No ht or any other organization? Yes No	Venture WBE SDB DBE Agency/State (specify) other organization, you it the same with this zed to bind the Parent not agree to these terms,

[Matrix: If not completely filled out, proposal is non-responsive and will not be considered for pre-qualification.]

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Prequalification Form for First –Tier Subcontractors under CM at Risk

1. c. Licensing Information (Please provide all North Carolina professional licenses required for you to perform your services.) NC License Type (check box) General Construction Electrical Plumbing **Burglar Alarm** Mechanical ☐ Fire Protection ☐ Other (please specify) ☐ Not Applicable or Required by North Carolina for Trade Package(s) Selected for Pre-qualification NC License number/name of licensee License Limit/Level State/County/City Privilege License (provide copy) Has any license ever been denied or revoked? Yes No If yes, please describe, [Matrix: Enter type of license. If information not provided in application or license does not meet requirement for trade package or State of North Carolina, proposal is non-responsive and will not be considered for pre-qualification.] 1. d. Type of Work Performed on a regular basis Primary Scope of Work: Secondary Scope of Work: _____ Other Scope of Work: _____ What type of work do you self perform?____ [Matrix: If not completely filled out, proposal is non-responsive and will not be considered for pre-qualification.] **Bonding** 1. e. (1) Attach letter (see Appendix B for sample letter), dated within the last 30 days, from your surety company, signed by their Attorney in Fact, verifying their willingness to issue sufficient payment and performance bonds for this project, on behalf of your firm and the dollar limits of that bond commitment, both single and aggregate. Surety company bond rating shall be rated "A-" or better and "VII" or higher under the A.M. Best Rating system or The Federal Treasury List. Have you attached a surety letter? Yes [Matrix: "Yes or No". If this information is not provided in application for firms wishing to be approved for a bid package(s) requiring evidence (see bid package list at front of this form) of the ability to provide a Performance and Payment Bond, proposal is non-responsive and will not be considered for pre-qualification. Further, this review and approval for this section will be based on the surety letter stating an amount able to substantiate the surety's willingness to issue bonds in the sum total of the preliminary budget amounts identified herein for the proposed bid package(s) being sought for pre-qualification approval. This section is not a minimum requirement for firms wishing to become prequalified for bid packages not requiring the ability to provide a Performance and Payment Bond, however all firms are encouraged to provide a surety letter regardless.]

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Pregualification Form for First –Tier Subcontractors under CM at Risk

1. e. (2) Have any Funds been expended by a Surety Company on your firm's behalf? Yes No If yes, explain

[Matrix: If "Yes," with no explanation given, proposal is non-responsive and will not be considered for prequalification.]

Insurance

1. f. The minimum requirements of coverage are defined on the Sample Certificate of Insurance (COI) (See Appendix C for Sample COI). Firms must indicate that they can provide evidence of insurance coverage, should they be considered for approval by attaching a copy of their insurance certificate. Additionally, should your firm not currently carry the exact insurance requirements defined within the Sample Certificate of Insurance, applicant agrees to provide the specified insurance as a precedent to award of a contract. Have you attached a copy of your insurance certificate meeting the aforementioned specified requirements or agree to provide the specified insurance if not currently carried by your firm? Yes No

[Matrix: If "No," proposal is non-responsive and will not be considered for pre-qualification.]

Financials

1. g. (1) Part 1 – Financial Statements - Attach most recent fiscal year-end balance sheet and income statement, if available, based on company type. Audited statements preferred. If not available, attach a copy of the latest annual renewal submission to the relevant licensing board. In all cases, either a full year audited financial statement or an internal balance sheet with income statement or business tax return must be provided in order to be considered for prequalification approval.

Have you attached a balance sheet or other acceptable financial documents referenced above? Yes No [Matrix: If "No," proposal is non-responsive and will not be considered for pre-qualification.]

1. g. (2) Part 2 – Financial Metrics – As a minimum requirement to become pre-qualified, the metrics illustrated below must be achieved in order to be approved for prequalification with one exception if the firm doesn't meet or exceed these designated metrics, a Performance and Payment Bond (see requirements under the Bond section above) can be substituted by the firm should the company become the successful low bidder for a particular bid package(s). This review and approval for this section will be based on the sum total of the preliminary budget amounts (greatest estimated contract amount if seeking approval for more than one bid package) identified herein for the proposed bid package(s) being sought for pre-qualification approval.

Have you achieved your metrics or provided evidence of bond-ability based on the anticipated contract value for the bid packages seeking approval?

□ \	Yes		No
-----	-----	--	----

[Matrix: If "No," proposal is non-responsive and will not be considered for pre-qualification.]

Metrics:

Contract(s) Amounts: \$0 to \$200,000

Debt to Equity (Total Liabilities/Total Equity) is between 0 and 5.0 Current Ratio (Current Assets/Current Liabilities) is greater than 1.1 Net Current Assets (Current Assets less Current Liabilities) greater than \$1

Contract(s) Amounts: \$200,000 to \$500,000

Debt to Equity (Total Liabilities/Total Equity) is between 0 and 4.0 Current Ratio (Current Assets/Current Liabilities) is greater than 1.2

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Prequalification Form for First –Tier Subcontractors under CM at Risk

Net Current Assets (Current Assets less Current Liabilities) greater than \$20,000

Contract(s) Amounts: \$500,000 and above

Debt to Equity (Total Liabilities/Total Equity) is between 0 and 3.0 Current Ratio (Current Assets/Current Liabilities) is greater than 1.3 Net Current Assets (Current Assets less Current Liabilities) greater than \$50,000

(Firm must submit financial data and may clearly indicate a request for confidentiality to avoid this item from becoming part of a public record. We understand this information can be extremely confidential and as an option, you may submit your financial statement as an attachment to your pre-qualification package or send under separate cover to the following confidential email address wsatterfield@rodgersbuilders.com or facsimile directly to William Satterfield at (704-535-0055).

Check applicable item below as how financials are being submitted.

Attached Sent Via Email Sent Via Facsimile

SECTION 2. GENERAL REQUIREMENTS

Experience	 Size/Capacity/Workload 				
2. a. (1) List t	the annual dollar value of constr	uction wo	rk the company has pe	rformed for ea	ch vear over the last (3)
	ar years (if applicable).		, , , , , , , , , , , , , , , , , , , ,		,
1 \$		2 \$	(yr)	3 \$	(yr)
[Matrix: 0-6	points. For each year complete	d (positive	e value), give 2 points e	each.]	
	many projects do you currently	(# of ı	projects);		
•	\$\$ \$	(Curre	ent projects sum of cor	ntract amounts)	;
•	\$	(Proje	cts current amount ren	naining to bill)	
[Matrix: 0-5	points. If section completed giv	e 5 points	s. If not, give 0 points.	I	
2. a. (3) Wha	t was your largest job complete	d?	Sq. Ft. \$		(Dollar Amount)
		Locat	ion		Year Completed
[Matrix: 0-5	noints				
-	Take the "dollar amount of	largest jok	completed" and mult	tiply by 1.5.	
Step Two:	If the result is larger than th then give 5 points;	e sum tot	al of estimated packag	ge(s) cost being	prequalified for by 100%
	If the result is larger than th and less than 100% then giv			ge(s) cost being	prequalified for by 80%

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Pregualification Form for First –Tier Subcontractors under CM at Risk

If the result is larger than the sum total of estimated package(s) cost being prequalified for by 60% and less than 80% then give 3 points;

If the result is larger than the sum total of estimated package(s) cost being prequalified for by 40% and less than 60% then give 2 points;

If the result is larger than the sum total of estimated package(s) cost being prequalified for by 20% and less than 40% then give 2 points;

If the result is larger than the sum total of estimated package(s) cost being prequalified for by 10% and less than 20% then give 1 point.

If the result is smaller than the sum total of estimated package(s) cost being prequalified for then give 0 points.]

Example No.1: Result of Largest Job Completed = 1,000,000 x 1.5 = \$1,500,000 Sum Estimated Total of Bid Package(s): \$687,000 \$1,500,000 / \$687,000 = 2.18 or 118% greater = 5 points

Example No.2: Result of Largest Job Completed = 1,000,000 x 1.5 = \$1,500,000 Sum Estimated Total of Bid Package(s): \$1,200,000 \$1,500,000 / \$1,200,000 = 1.25 or 25% greater = 2 points

2. a. (4) Current Backlog \$ _____ (Dollar Amount) (Projects Current Amount Remaining to Bill – See 2.a.(2))

[Matrix: 0-5 points.

Step One:

Take "current backlog (2.a.(4)" dollar amount and add "largest job completed (2.a.(3)) multiplied by 1.5".

(Example 1: Current Backlog = \$3,500,000; Largest Job Completed = \$1,750,000; \$3,500,000 + \$1,750,000 = \$5,250,000 x 1.5 = \$7,875,000)

(Example 2: Current Backlog = \$2,000,000; Largest Job Completed = \$1,000,000; \$2,000,000 + \$1,000,000 = \$3,000,000 x 1.5 = \$4,500,000)

Step Two:

If the step one value above is <u>less</u> than the 3 year average of the sum of "annual dollar amounts" listed in (2.a.(1)) divided by 3 and then multiplied by 1.5, then proceed to the table below for applicable points. If the step one value above is <u>greater</u> than the 3 year average of the sum of "annual dollar amounts" listed in (2.a.(1)) divided by 3 and then multiplied by 1.5, then give 0 points

If "current backlog dollar amount plus largest job completed x 1.5" divided by the 3 year average of the sum of "annual dollar amounts" x 1.5 is greater than 0% and less than 20% then give 5 points

If "current backlog dollar amount plus largest job completed x 1.5" divided by the 3 year average of the sum of "annual dollar amounts" x 1.5 is between 20% and 40% then give 4 points

If "current backlog dollar amount plus largest job completed x 1.5" divided by the 3 year average of the sum of "annual dollar amounts" x 1.5 is between 40% and 60% then give 3 points

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If "current backlog dollar amount plus largest job completed x 1.5" divided by the 3 year average of the sum of "annual dollar amounts" x 1.5 is between 60% and 80% then give 2 points

If "current backlog dollar amount plus largest job completed x 1.5" divided by the 3 year average of the sum of "annual dollar amounts" x 1.5 is between 80% and 100% then give 1 points

If "current backlog dollar amount plus largest job completed x 1.5" is greater than the 3 year average of the sum of "annual dollar amounts" x 1.5, then give 0 points

(Example 1: 1st Year Annual Dollar Volume = \$5,000,000

 2^{nd} Year Annual Dollar Volume = \$4,500,000 3^{rd} Year Annual Dollar Volume = \$6,000,000 Total: \$15,500,000

\$15,500,000 / 3 = \$5,166,666 x 1.5 = \$7,750,000

Points Scored: \$7,875,000 > \$7,750,000 = 0 points

(Example 2: 1st Year Annual Dollar Volume = \$4,000,000

 2^{nd} Year Annual Dollar Volume = \$4,500,000 3^{rd} Year Annual Dollar Volume = \$5,000,000 Total: \$13,000,000

\$13,000,000 / 3 = \$4,333,333 x 1.5 = \$6,500,000

Points Scored: \$4,500,000 < \$6,500,000 = Proceed to Table

\$4,500,000 / \$6,500,000 = 69% or 2 points

2. a. (5) List the three largest contracts currently under contract or in progress, including the name of the project and owner, architect and/or GC/CMR with contact information below.

#1 –Project Name	(In addition to project information and at a minimum, list out entity who is
	providing your reference below)
Description of Work Performed	
Contract Delivery Method (CM/GC)?	
Owner Name/ Representative	
Owner Address/Phone #/Email	
Architect Name/Representative	
Architect Address/Phone #/Email	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	

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#2 –Project Name	(In addition to project information and at a minimum, list out entity who is
	providing your reference below)
Description of Work Performed	
Contract Delivery Method (CM/GC)?	
Owner Name/ Representative	
Owner Address/Phone #/Email	
Architect Name/Representative	
Architect Address/Phone #/Email	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	
#3 –Project Name	(In addition to project information and at a minimum, list out entity who is providing your reference below)
#3 –Project Name Description of Work Performed	
Description of Work Performed	
Description of Work Performed Contract Delivery Method (CM/GC)?	
Description of Work Performed Contract Delivery Method (CM/GC)? Owner Name/ Representative	
Description of Work Performed Contract Delivery Method (CM/GC)? Owner Name/ Representative Owner Address/Phone #/Email	
Description of Work Performed Contract Delivery Method (CM/GC)? Owner Name/ Representative Owner Address/Phone #/Email Architect Name/Representative	
Description of Work Performed Contract Delivery Method (CM/GC)? Owner Name/ Representative Owner Address/Phone #/Email Architect Name/Representative Architect Address/Phone #/Email	
Description of Work Performed Contract Delivery Method (CM/GC)? Owner Name/ Representative Owner Address/Phone #/Email Architect Name/Representative Architect Address/Phone #/Email GC or CM Name/Representative	
Description of Work Performed Contract Delivery Method (CM/GC)? Owner Name/ Representative Owner Address/Phone #/Email Architect Name/Representative Architect Address/Phone #/Email GC or CM Name/Representative GC or CM Address/Phone #/Email	

[Matrix: 0-5 points for each project listed, total of 15 points. For each project above, give 5 points for a positive reference from either the owner, architect or GC/CMR. Positive reference can be in the form of a written reference accompanied with this application from the designated entity (owner, architect or GC/CMR) or through verification by CM following submission of application. CM will attempt to reach out to each reference above in written form and failure of the entity to respond back to the CM's written inquiry (either written or oral) within five (5) business days will result in forfeiture of points applicable to the given entity. If reference is obtained verbally, CM will document conversation for the record.]

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Pregualification Form for First –Tier Subcontractors under CM at Risk

- 1	,					
2. b. (1) Has your company provide project name(s), you	ever failed to complete wo ear(s), and reason why:	ork awarded (unde	r contract) to it?	Yes	No If yes, p	olease
company has failed to con	pany has never failed to co nplete one (1) project it has projects it has been award	s been awarded th	ien give 2 points; i			
2. b. (2) Have you ever paid and reason why.	d liquidated damages on an	y project? Yes	No If yes, state t	:he proje	ct name(s), y	ear(s),
company has paid liquidat	pany has never paid liquid ted damages on only one p ects then give 1 point; if th	roject then give 2	points; if the com	pany has	paid liquida	ted
2. b. (3) Has your present of interest, bribery, or bid-rig	company, its officers, owne ging? Yes No If yes	ers, or agents ever s, state the project		_	_	onflicts of
[Matrix: 0 -3 points. If "Yes	s," give 0 points. If "No," gi	ive 3 points.]				
	company, its officers, owner yes, state the project name				ublic work in	North
[Matrix: 0 - 3 points. If "Ye	es," give 0 points. If "No," g	tive 3 points.]				
	xperience Modification Rat tached OSHA 300 \log ? \Box Y		nree years. (Attach	OSHA 30)O Log for the	e last
Present Rate	Last Rate		Year before rate			
-	rate performance over a nu f the location serving this p		please explain, to	the exte	nt possible, t	:he
List any OSHA fines and Job	osite fatalities in the past 3	years with an expl	anation:			

[Matrix: 0-5 points. If company has EMR rating less than or equal to 1 then give 5 points; if the company has EMR rating greater than 1 and less than 1.10 then give 3 points; if the company has EMR rating greater than 1.10 then give 0 points.

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Prequalification Form for First –Tier Subcontractors under CM at Risk

Historically Underutilized Business (HUB) Plan

2. d. Does the company currently had underutilized Businesses? Yes	·	or engaging subcontractor partic ch your company's HUB plan.	cipation from Historically
[Matrix: 0-3 points. If company has	a current documented	plan give 3 points. If not, give 0	points.]
2. e. What has been your company similar projects in North Carolina fo List the HUB participation you proviname, percentage achieved and CM	r the past 5 years?ded in three "similar" pr	ojects cited in Section 3. e. as de	fined below, including
Project Name	HUB %	CM/GC/Owner's Rep	Contact Phone #
. roject riume		em, eq emer shep	
[Matrix: 0-3 points, 3 points total. I not provided per project, give 0 po Litigation/Claims 2. f. (1) Has your company been invited last five years, whether resolved case number and reason why:	ints per project. To get p	points, not all HUB % listed need	ls to be over 10%]
[Matrix: 0-4 points. If "Yes," with r	no explanation given the	en give 0 points; if "Yes" with an	explanation given or "No"
2. f. (2) Are there currently any judg against your company, its officers, contains and reason why:			
[Matrix: 0-4 points. If "Yes," with retails then give 5 points]	no explanation given the	en give 0 points; if "Yes" with an	explanation given or "No"
SECTION 3. PROJECT SPECI	FICS		
3.a. The assigned project superinter Include a resume. Have you include		all be:	·
[Matrix: 0-2 points. If resume inclu	ded, give 2 points. If no	t, give 0 points.]	

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[Matrix: 0-5 points. If 0-2 years give 1 pt, 3-4 years give 2 pts, 5-10 years give 4 pts, >10 years give 5 pts.] 3.c. The assigned project manager for this project shall be	3.b . The experience this superintendent has on this specific type of project is: years.	0-2	3-4	5-10	>10
[Matrix: 0-2 points. If resume included, give 2 points. If not, give 0 points.] 3.d. The experience this project manager has on this specific type of project is: 0-2 3-4 5-10 >10 years.	Matrix: 0-5 points. If 0-2 years give 1 pt, 3-4 years give 2 pts, 5-10 years give 4	pts, >10	years give	5 pts.]	
3.d . The experience this project manager has on this specific type of project is: 0-2 3-4 5-10 >10 years.					·
years.	Matrix: 0-2 points. If resume included, give 2 points. If not, give 0 points.]				
[Matrix: 0-5 points. If 0-2 years give 1 pt, 3-4 years give 2 pts, 5-10 years give 4 pts, >10 years give 5 pts.]		0-2	3-4	5-10	>10
	Matrix: 0-5 points. If 0-2 years give 1 pt, 3-4 years give 2 pts, 5-10 years give 4	pts, >10	years give	5 pts.]	

Similar Projects

3.e. List three (3) current or completed projects of similar type which most closely reflects the size and complexity of the type of work being requested for the currently proposed project within the last 5 years.

#1 –Similar - Project Name	(In addition to project information and at a minimum, list out entity who is providing your reference below)
Description of Work Performed	
Contract Delivery Method (CM/GC)?	
Owner Name/ Representative	
Owner Address/Phone #/Email	
Architect Name/Representative	
Architect Address/Phone #/Email	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	
MWBE Percentage Achieved	

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#2 -Similar - Project Name	(In addition to project information and at a minimum, list out entity who is
	providing your reference below)
Description of Work Performed	
Contract Delivery Method (CM/GC)?	
Owner Name/ Representative	
Owner Address/Phone #/Email	
Architect Name/Representative	
Architect Address/Phone #/Email	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	
MWBE Percentage Achieved	
#3 –Similar - Project Name	(In addition to project information and at a minimum, list out entity who is providing your reference below)
#3 –Similar - Project Name Description of Work Performed	
-	
Description of Work Performed Contract Delivery Method	
Description of Work Performed Contract Delivery Method (CM/GC)?	
Description of Work Performed Contract Delivery Method (CM/GC)? Owner Name/ Representative	
Description of Work Performed Contract Delivery Method (CM/GC)? Owner Name/ Representative Owner Address/Phone #/Email	
Description of Work Performed Contract Delivery Method (CM/GC)? Owner Name/ Representative Owner Address/Phone #/Email Architect Name/Representative	
Description of Work Performed Contract Delivery Method (CM/GC)? Owner Name/ Representative Owner Address/Phone #/Email Architect Name/Representative Architect Address/Phone #/Email	
Description of Work Performed Contract Delivery Method (CM/GC)? Owner Name/ Representative Owner Address/Phone #/Email Architect Name/Representative Architect Address/Phone #/Email GC or CM Name/Representative	
Description of Work Performed Contract Delivery Method (CM/GC)? Owner Name/ Representative Owner Address/Phone #/Email Architect Name/Representative Architect Address/Phone #/Email GC or CM Name/Representative GC or CM Address/Phone #/Email	
Description of Work Performed Contract Delivery Method (CM/GC)? Owner Name/ Representative Owner Address/Phone #/Email Architect Name/Representative Architect Address/Phone #/Email GC or CM Name/Representative GC or CM Address/Phone #/Email Contract Dollar Value	

[Matrix: 0-5 points for each project listed, total of 15 points. For each project above, give 5 points for a positive reference from either the owner, architect or GC/CMR. Positive reference can be in the form of a written reference accompanied with this application from designated entity (owner, architect or GC/CMR) or through verification by CM following submission of application. CM will attempt to reach out to each reference above in written form and failure of the entity to respond back to the CM's written inquiry (either written or oral) within five (5) business days will result in forfeiture of points applicable to the given entity. If reference is obtained verbally, CM will document conversation for the record.]

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By signing this document, you are acknowledging that all answers are true to the best of your knowledge. Any

SECTION 4. SIGNATURE (MINIMUM REQUIREMENT)

Com	pany Name (as licensed in	NC)				
hys	sical Address					
Mai	ling Address					
Э.	Dated this day of:	_		_		
	Submitted by:	Signature By Authorize	d Officer			
	Phone:	- ,		_		
	Contact _I	person's phone number				
	E-mail:					
	Contact	person's E-mail address				
٥.	Notary Certificatio North Carolina	n:				
		Cοι	unty			
	I, a Notary Public of the County and State aforesaid, certify that, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my					
	hand and official se	eal, this the	day of	, 20		
	(Official Notary Sea	al or Stamp)				
	(Signatu	re of Notary Public		

[Matrix: If signature section is NOT fully executed with notary, proposal is non-responsive and will not be considered for pre-qualification.]

My commission expires _______, 20 _____

Appendix (attachments)

- A. Sample Parent Guarantee Letter To Issued by Addendum at a Later Date
- B. Sample Surety Letter
- C. Sample Certificate of Insurance (COI)

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Appendix Attachment B. Sample Surety Letter

(To be placed on the Appropriate Surety Company Letterhead)

Date
Mr. William Satterfield, Risk Manager Rodgers Builders, Inc. 5701 N. Sharon Amity Road Charlotte, NC 28215
Re: (ProjectName)
Dear Mr. Satterfield:
We are pleased to advise you that (Name of Surety Company) has a bonding program in force for (Name of Subcontractor). (Name of Surety Company) will provide bonds for projects that (Name of Subcontractor) bids or negotiates, providing (Name of Subcontractor) is awarded a mutual acceptable subcontract.
In handling their bonding needs, we are aware of the exemplary manner in which (Name of Subcontractor) meets their financial obligations to us, their suppliers, bankers, and others. As a result, we have in place for (Name of Subcontractor) an aggregate bonding program of approximately \$
We have handled (Name of Subcontractor) bonding needs foryears: they have always performed exceptionally. We feel that (Name of Subcontractor) will do an excellent job for you.
Please contact us should you have any questions.
Sincerely,
(Name of Surety Company)
(if applicable, attached the Power of Attorney)

Appendix Attachment C. Sample Certificate of Insurance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME:		
Insurance Company of USA		PHONE (A/C, No. Ext):	FAX (A/C, No):	
01 Mayberry Lane, Suite A		E-MAIL ADDRESS:	, (
American City, NC 28215		INSURER(S) AFFORDING COVE	RAGE	NAIC#
,		INSURER A: ABC Insurance Company		32659
INSURED	*	INSURER B: CDE Insurance Company		12548
ABC Construction		INSURER C: EFG Insurance Company		12345
1234 Construction Road		INSURER D :		
City, State Zip		INSURER E :		
3,		INSURER F:	Lie .	
COVERACES	CERTIFICATE MUMPER.	DEVICION	LAULMEDED.	

CERTIFICATE NUMBER REVISION NUMBER

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

NSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	Y	Y				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 1,000,000 \$ 100 000 \$ 5,000
`	X XCU, Contractual Indp Contractor						PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1,000,000 \$ 2,000,000
	POLICY X PRO- POLICY X DRO- POLICY X DRO- DECT LOC						PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT	\$ 2,000,000 \$
В	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS AUTOS HIRED AUTOS AUTOS NON-OWNED AUTOS	Y	Y				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$
0	X UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED X RETENTIONS 10,000	Y	Y				EACH OCCURRENCE AGGREGATE	\$ 10,000,000 \$ 10,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y				X WC STATU- TORY LIMITS OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	
						1.5		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Name of Project, Project #, and Project address (to include city and state), Rodgers Builders, Inc., Owner and Architects shall be named as additional insured with respect to Auto, Excess/Umbrella and General Liability using ISO Additional Insured Endorsement CG 20 10 (11/85) or current combination of CG 20 10 (10/01) CG 20 37 (10/01) or an endorsement providing equivalent coverage. Excess/Umbrella shall be Follow Form. All insurance required shall be primary and noncontributory to any other insurance. Waiver of subrogation for Workers Compensation and any other insurance listed herein shall apply in favor of Rodgers Builders, Inc., Owner and Architects. All said policies will not be canceled, allowed to expire, or limits be reduced, until at least thirty (30) days proper written notice has been given to the Certificate Holder. Number of employees enrolled in referenced Workers Compensation Policy:

CERTIFICATE HOLDER	CANCELLATION
Rodgers Builders, Inc. Post Office Box 18446 (28218)	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
5701 North Sharon Amity Road Charlotte, NC 28215	AUTHORIZED REPRESENTATIVE

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